

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Steven D. GOODMAN, et al.

Serial No: 10/614,072

Filed: July 2, 2003

For: PREVENTING TOOTH DECAY AND INFECTIVE
ENDOCARDITIS USING NATURAL OLIGOPEPTIDES

Art Unit: 1645

Examiner: Lakia J. Tongue

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on December 23, 2005

Date of Deposit
Olga Berson, Reg. No. 55,001

Name <i>Olga Berson</i>	Date 12/23/2005
Signature	

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment for the above-identified application:

Small entity status has been claimed. See 37 CFR § 1.27.
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	16	-	20	**	LG=\$50 SM=\$25	\$	\$
INDEPENDENT CLAIMS FEE	4	-	3	***	1	LG=\$200 SM=\$100	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$
						TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: Olga Berson

Olga Berson, Ph.D.
Registration No. 55,001
Attorney for Applicants

Dated: December 23, 2005

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Appl. No. 10/614,072
Amdt. Dated December 23, 2005
Reply to Office Action of October 3, 2005

Attorney Docket No. 89188.0046
Customer No. 26021

DEC 27 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Steven D. GOODMAN, et al.
Serial No.: 10/614,072
Confirmation No.: 6624
Filed: July 2, 2003
For: PREVENTING TOOTH DECAY AND
INFECTIVE ENDOCARDITIS USING
NATURAL OLIGOPEPTIDES

Art Unit: 1645
Examiner: Lakia J. Tongue

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December 23, 2005

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Olga Berson, Ph.D. Reg. No. 55,001
Name
Olga Berson
Signature 12/23/05
Date

AMENDMENT

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 3, 2005, please consider the following remarks:

The listing of pending claims begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.